

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98992 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, Mary Virginia Ricketts { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 14 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 406 N. Calle St

Cause of Death, { First (Primary), Second (Immediate), } Apazara

Duration of Last Sickness, About 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Not Oldest Cemetery

Date of Burial, April 4th 1887

Undertaker, John S. Macker

Place of Business, No 150 Carroll

Address, 1027 Chester near Fayette

John Davis. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98993 Office of Registrar of Vital Statistics. Ward 18.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katie Flynn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, Months, Days

Color, Wh.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 126 Ramsey St

Cause of Death, { First (Primary), Tuberculosis
Second (Immediate), Exhaustion }

Duration of Last Sickness, about 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 5th 1887

{ Undertaker, John Schaefer }

{ Place of Business, No 150 Lombard }

Mr. J. Greenwood

M. D.

Medical Attendant.

Address, Park Ave & Madison St.

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[OVER.]

Board of Health, City of Baltimore,

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OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 98994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 68th Years,

Months,

Days.

Color,

Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth).

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. 2110 231 Laurale St.

Cause of Death, { First (Primary,) Second (Immediate.)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet City

H. M. Wilson M. D.

Date of Burial, April 5th 1889

Medical Attendant.

{ Undertaker, John J. Becker

1008 Main Ave.

{ Place of Business, No 150 E. Camden

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SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 98995 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Burtha Simms

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 11 Years, Months, Days,

Color, Col.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 9 years

Place of Death, { Give street and Number. } 324 Cohen Alley.

Cause of Death, { First (Primary),

Haematuria

Second (Immediate),

Two weeks

Duration of Last Sickness

All the above information is given by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 5 1887

Undertaker, Mr. James Gray

Place of Business, 65 Mulberry St.

Address, 612 N. Eutaw St.

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

No. 11176
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98996 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Bushay

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 86 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give Street and Number. } No 376 (old no) Lafayette Ave

Cause of Death, { First (Primary), Second (Immediate), } Paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Woodbury Md

Date of Burial, April 5/87

{ Undertaker, Chas L Sevin

{ Place of Business, 925 Madison Ave

W. K. Maran M. D.

Medical Attendant.

Address, 901 Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[GVRB.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98997

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

April 3rd. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Kate Kraft

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 1 Years,

4 Months, — Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

39 Haw Street

Cause of Death, { First (Primary), }

Burns

location { Face, back
cause { Boiling soup

Second (Immediate),

Traumatic fever, Asthemia

Duration of Last Sickness,

Ten days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Fos. Blum M. D.

Date of Burial, April 6

Medical Attendant.

Undertaker, Geo Leimbach

Address, 16 Columbia Ad

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98998

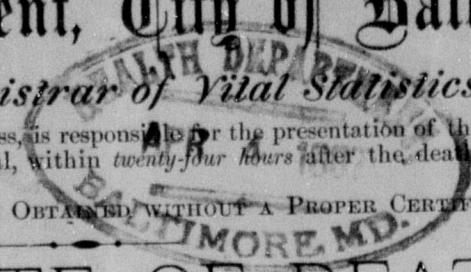
Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

CERTIFICATE OF DEATH.

Date of Death,

April 2nd 87
Willie Wallace

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

B.C.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

5 years

Duration of Residence in the City of Baltimore,

618 Chase st.

Place of Death, { Give Street and Number. }

Scorfield
Aptured

Duration of Last Sickness,

4 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Phys. Ellis

Date of Burial, April 4 1887

M. D.

Undertaker, Hercules Ross

Medical Attendant.

Place of Business, 404 Conway St Address, 910 Light

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 989999 Office of Registrar of Vital Statistics. Ward 12

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CERTIFICATE OF DEATH.

Date of Death,

April 3rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Susan Ports

Sex, Male or Female, { Cross out the word not required in this line.

Age, 73 Years, Months, Days,

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation,

Baltimore

Birthplace, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and Number.

1904 McCulloh st

Cause of Death, { First, (Primary.)

Carcinoma

{ Second, (Immediate.)

General Exhaustion

Duration of Last Sickness,

Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Apr. 3rd 1887

Caleb Winslow M. D.

Undertaker, Wm. Weaver

Medical Attendant.

Place of Business, #738 N. Eulian, St. Address, 924 McCulloh

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99400 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 4 1883
BALTIMORE, MD.

D

CERTIFICATE OF DEATH.

Date of Death, April 2, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Frederick Percival.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Physician

Birth Place, { State or country, and how long in the United States, if of foreign birth. } On Atlantic Ocean (under British flag).

Duration of Residence in the City of Baltimore, Twenty one years.

Place of Death, { Give Street and Number. } 500 N. Calvert St.

Cause of Death, { First (Primary). }

Second (Immediate), Heart Disease (Possibly pulmonary Embolism, Sudden failure of Heart & Circulation.)

Duration of Last Sickness, Twelve hours.

All the above information should be furnished by the Physician.

Place of Burial, Frederick Md

Date of Burial, April 5th 1887

Undertaker, F. Lewis Schaefer

Place of Business, 306 N Fremont

George St. Rohe' M. D.

Medical Attendant.

Address, 611 N. Calvert St.

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[OVER.]

4618 Transc.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99001 Office of Registrar of Vital Statistics. Ward 16

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APR 5 1887
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, April 3, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Achsah Perine

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 75 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore County

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give Street and Number. } 628 (650 old*) Columbia at

Cause of Death, { First (Primary), Pneumonia
Second (Immediate), " }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 5th 1887

Undertaker, T. G. Schilling

Place of Business, Ashland Square Address, 1218 Madison at

B. B. Browne M. D.
Medical Attendant.

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[over]